

TOWN OF GLENVILLE
18 Glenridge Road
Glenville, NY 12302

RESIDENT COMPLAINT FORM

Name: _____
(resident making complaint)

Address: _____

Phone No.: _____

NATURE OF COMPLAINT:

Location (if other than above): _____

Use other side if more space is needed:

FOR OFFICE USE ONLY

Date Received _____ Received by _____
Forwarded to _____ Department Date: _____

RESULT OF INVESTIGATION

Investigated by: _____ Title: _____

ACTION TO BE TAKEN BY THE TOWN (if necessary)

Resident was advised of the results on _____.

Note: Employee taking the complaint will supply the resident with a copy of it. The original of the completed form must be kept on file in the office of the Town Clerk.